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PSYCHIATRIC EVALUATION

IN RE: JAMAL BLAIR

Presenting Problem:

Jamal Blair is now a 25 year old ([redacted] African-American male, who is currently being detained at the Metropolitan Correctional Center in New York, New York. He has been incarcerated since October 2009 (shortly after turning 18 years old), charged with the shooting death of Ms. Sadie Mitchell; he has already entered a plea to manslaughter in State Court; and he has entered a plea and is awaiting sentencing in Federal Court.

In connection with Mr. Blair's sentencing in Federal Court, his attorneys referred him to this psychiatrist for an evaluation, focused on the question of whether or not he suffers from any psychiatric or neuropsychiatric difficulties that the court might consider during the sentencing process. The following is a brief report of that evaluation.

Sources of Information:

- The 'social history summary' for Mr. Blair, prepared by Melissa Lang, LMSW (Lang & Kaboski, LLP, Forensic Social Work Services), dated 3 January 2017
- Primary source information used in the development of the 'social history summary', including records and documents that confirm the reports of Mr. Blair's family members and family friends, such as Mr. Blair's medical records, mental health records, education records, family court records and other legal records, as well as records pertaining to his mother's death
- Psychiatric examination of Mr. Blair, performed by this psychiatrist on 26 January 2017

Summary & Discussion:

The traumas and other difficulties that Mr. Blair experienced during his childhood and adolescent years are well described in the 'social history summary'; multiple family members and family friends independently reported most of the information contained in that summary; and the various records and documents used in the development of the summary and reviewed by this psychiatrist further confirm the information contained in that summary. Since the 'social history summary' is available to reviewers of this report, a detailed description of the traumas and other difficulties that Mr. Blair experienced during his childhood and adolescent years will not be repeated here. Instead, this report will focus on the impact of these traumas and difficulties on Mr. Blair, his development and his ability to function.

It is important to note that Mr. Blair has suffered from two different types of difficulty for virtually his entire life, and both of these difficulties have had their own direct impact on his ability to function. Equally as important is the fact that these two difficulties are part of the context in which he then experienced a series of traumas and other difficulties in his life; as such, these difficulties influenced how he experienced, understood and coped with the later traumas and difficulties; and in turn, later traumas and difficulties interacted with his underlying/earlier difficulties.

More specifically, Mr. Blair was born with a non-functioning kidney and bilateral hydronephrosis due to a combination of renal and bladder difficulties. The non-functioning kidney was removed shortly after his birth. Management of the hydronephrosis required additional surgery, including the insertion of a tube into his bladder so as to drain his bladder to the outside of his body; the use of a catheter for urination until he was 7 years old; and, of course, innumerable hospital and other medical visits throughout his childhood years, for medical management and the treatment of complications.

When Mr. Blair met with this psychiatrist, he noted that as a child, he was not really clear about the seriousness of his medical condition. However, he was quite aware of the limits that were placed on him; he was also quite aware that others had to assume the responsibility for taking care of him; and although these things made him different from other kids, he didn't really understand why he was so different. He noted that he tried to act as if none of this was going on so that he could be as much like other kids as possible; but that often caused him more difficulties; but he proudly noted that now that he is older, he has learned to do the things required to stay healthy and stay on top of his game, such as exercise, only eat certain foods, and drink water.

For a child, simply having such a significant medical condition, as well as everything that is required to manage the condition, is extremely stressful. However in addition, Mr. Blair's medical condition severely limited his physical activities, which differentiated him from his

peers, thereby complicating the socialization process and his developing sense of himself. His medical condition, along with his need for constant medical care and home care, also contributed to his sense that something was wrong with him. This further impaired his development of a more positive sense of self, and even as a child he attempted to mask his difficulties with self-esteem by trying to prove that he could be like his peers.

In addition to his medical condition, Mr. Blair has also suffered from intellectual and other cognitive deficits. More specifically, his IQ of 67, coupled with his long-standing history of difficulties with adaptive functioning (all established before the age of 18) places him in the intellectually disabled range of intellectual functioning. He also has a well documented history of other cognitive deficits that dates back to his early childhood years. Although it is difficult to be absolutely certain about the etiology of these intellectual and other cognitive deficits, it is most likely that he was born with these deficits. Reports that he also suffered from Attention Deficit Hyperactivity Disorder would be consistent with that opinion; and it is also extremely likely that his toxic exposure to lead further impaired his intellectual and other cognitive functioning.

When Mr. Blair met with this psychiatrist, he described many of the difficulties that he had with learning, his speech development, etc., and he also reported that he was unable to keep still and was often in fights with peers. Upon further exploration, he reported that as a child, he did not have friends; his medical problems and his problems learning set him apart from others; and he noted that in his opinion, the difficulties that he had with peers were due to/in response to the way they mistreated him.

Mr. Blair's underlying intellectual and other cognitive difficulties impacted on him throughout the course of his life in a variety of ways. Of course, one would not expect a young child to have a full understanding of what is happening to him, or insight into the effects that experienced events were having on him, or the ability to cope with these effects on his own, or the ability to recognize that he needs help and then obtain that help. However, as a result of Mr. Blair's intellectual and other cognitive difficulties, as he got older he continued to be unable to do any of those things, and as he noted when he met with this psychiatrist, 'he didn't even realize that he had had a hard life until now,' (i.e., until this current evaluation process and the feedback that he has been getting from that process).

It is also important to note that while both Mr. Blair's medical condition and his intellectual and other cognitive deficits have had their own, above noted direct impact on him, these difficulties also interact with each other and thereby exacerbate the effects of each other. For example, the impact that each has had on his developing sense of himself combine to result in a significant impact on his sense of self that is much more than expected by simply adding the effect of one to the other. Then in addition, as noted above, these difficulties form the context in which later traumas and difficulties were experienced, thereby severely compromising his ability to understand these later traumas and difficulties, cope with them on his own, and identify his need for help and obtain help when he was unable to cope with them on his own.

Again, the later traumas and other difficulties that Mr. Blair experienced are described in detail in the 'social history summary', and so they will not be detailed again here. However, I will list some of the most significant traumas and difficulties, which are 'most significant' because of their impact on his mental health. These include:

- The murder of his mother by his father when he was about 2 years old, immediately followed by the disappearance of his father
- The fact that following the death of his mother, he was left for almost 24 hours, standing over her bleeding body; in physical distress due to the lack of attention to his physical health needs (i.e., the need to drain his bladder, etc.); and also psychologically distressed
- A 4-month separation from his only remaining family members following the death of his mother (during which time he was in foster care)
- The absence of the type of parental nurture and support that might have helped him better cope with the traumatic loss of his mother, despite his obvious distress about the loss and the fact that his grandparents obviously truly cared about him
- The absence of sustained therapeutic interventions of the type that might have otherwise helped him (given that his family didn't know what to do to help him)
- The sudden discovery at the age of 14 that it was his father who killed his mother

Understandably, Mr. Blair does not remember the day that his mother was killed. However, that traumatic loss, followed by what could only have been experienced by such a young child as abandonment by his other family members, clearly had an impact on him. When Mr. Blair met with this psychiatrist he reported that his earliest memories are of living with different people; then eventually, family members/his grandparents became his legal guardians; but he isn't sure how old he was by the time that his grandparents took on that responsibility. He then also reported that he didn't really know and/or didn't fully understand why he was living with his grandparents until he was older. Upon further exploration, what is clear is that despite not having a direct memory of exactly what happened during his most early childhood years, despite all of the efforts his family made to take care of him following his mother's death, and despite his current ability to acknowledge that his family took care of him, Mr. Blair's memory is that his early childhood years were unstable. This memory/ sense further contributed to the difficulties he had in developing a positive sense of himself, as well as difficulties with the development of healthy capacity for attachment and the ability to trust.

The discovery at 14 that it was his father who brutally killed his mother was extremely jarring for Mr. Blair, made all the more traumatic by the fact that everyone else had always known what happened, chose not to tell him, and still did not talk with him about it once he learned the truth (especially given that even today, he is unable to even consider the possibility that his family was so distressed by the murder of his mother that they were even unable to talk to each other about it). When Mr. Blair met with this psychiatrist this was all still so upsetting for him that despite all of the efforts of this psychiatrist, he was unable to talk about it; all he was

able to say was 'of course it was very upsetting....what would you expect'; and during that part of the examination, he looked especially agitated, depressed, and on the verge of tears.

As is noted in the 'social history summary', during the course of his childhood and adolescent years, Mr. Blair was placed in various special education programs, taken for mental health treatment, hospitalized, and placed in residential treatment. However, given his psychiatric and neuropsychiatric difficulties, he required a rigorous evaluation, an integrated treatment plan, and consistent and sustained therapeutic intervention, none of which he ever received.

More specifically, a review of records and documents indicate that for a variety of reasons, Mr. Blair never received an evaluation that resulted in a full understanding of all of the above noted difficulties that he was experiencing. In some cases, the evaluators were not informed about some important piece(s) of his history; it at least appears that in some cases, the outcome of the evaluations were overly influenced by the nature of the referral (i.e., the evaluator only focused on the problems listed in the referral); and it at least appears that still in other evaluations, there were presumptions made about Mr. Blair that were never really confirmed, were ultimately simply not valid, and resulted in an inaccurate opinion and an inappropriate intervention.

For example, Mr. Blair was 16 years old before anyone even began to have a real appreciation for the magnitude and the breadth of his intellectual and other cognitive deficits and the impact that they were having on his ability to function; although there were periods prior to that were there was some more limited appreciation for these difficulties, even then there was no targeted intervention; and during other periods of time, the difficulties were attributed to something else, resulting in behavioral interventions instead of those designed to maximize whatever intellectual and cognitive capacity he had.

Although at least during his childhood years there was general knowledge about Mr. Blair's medical condition, there is nothing in his mental health records that indicate that there was some real consideration of and exploration of the impact that his medical condition had on his psychological and social development.

During Mr. Blair's childhood and early adolescent years, the traumatic loss of his mother and associated events were not known or known and not considered to be that significant. Although this shows up in his mental health records in a more significant way after Mr. Blair really deteriorated shortly after learning that his father killed his mother, evaluations of him were limited to the impact of that new discovery and failed to include the fuller history, which had also been damaging to him and was the context in which that new discovery occurred.

Given that most of the evaluations of Mr. Blair failed to result in a full understanding of him and his psychiatric and neuropsychiatric difficulties, it is not at all surprising that no one ever developed an integrated treatment plan that was specifically designed to meet his complex needs. It is also important to note however that for a variety of reasons, even the interventions that were tried were not consistent and were not sustained. For example, he was moved in

and out of special education classes; attempts at outpatient therapy were extremely short-lived; and there was a failure to follow-up with outpatient therapy even after he was hospitalized or released from residential treatment.

Given all of the difficulties that Mr. Blair endured during his childhood and adolescent years, his inability to understand and cope with these difficulties on his own, and the absence of the type of family support and professional assistance that might have been helpful to him, it is the opinion of this psychiatrist that he entered his late adolescent years with a mix of psychiatric and neuropsychiatric difficulties.

More specifically, his capacity to function was compromised by his intellectual and other cognitive deficits; these rendered him intellectually disabled and impaired his capacity for thoughtful and rational adult decision-making; and so he was functioning at an age level that was well below his chronological years. As a result of his childhood history of serious physical health difficulties and the above described ways those difficulties impacted on his development, the early loss of his mother and subsequent separation from other known family members, and the difficulties that he had with peers during his childhood years he also evidenced instability in important core areas of functioning. These important core areas of functioning included the capacity for attachment and an ability to trust, a positive sense of himself, the ability to regulate his mood, and the capacity for thoughtful decision-making. In addition, the traumas that he endured and his inability to cope with them, superimposed upon all of the above noted, resulted in a chronic depression. Furthermore, although he was unable to really talk about these traumas (a symptom of trauma-related psychiatric difficulties in and of itself), his response during an attempt to talk about the traumas, and information gathered from family members, and the records and documents reviewed collectively indicate that he has also been suffering from trauma-related psychiatric difficulties as well.

Given Mr. Blair's psychiatric and neuropsychiatric difficulties, coupled with his long practiced effort to mask his difficulties so that he could be like everyone else, it is not at all surprising that during his late teenage years he became involved with a group of guys who at least appeared to him to be the most popular guys. However, given his psychiatric and neuropsychiatric difficulties, it is also not surprising that he really did not understand what he was getting into and did not really know how to manage the situation; therefore, he was easily influenced, readily used/taken advantage of, and prone to becoming overwhelmed; and when overwhelmed, he was unable to quickly assess his situation and identify and select the best option for addressing his situation. It is the opinion of this psychiatrist that these effects of Mr. Blair's psychiatric and neuropsychiatric impairments ultimately resulted in the incident for which he was charged.

Finally, it is the opinion of this psychiatrist that Mr. Blair would still benefit from a comprehensive and integrated mental health treatment program that was specifically designed to address his mix of psychiatric and neuropsychiatric difficulties. Such would include, for example, an educational element focused on helping him maximize his intellectual and cognitive capacity; a psychoeducational element focused on helping him to understand how the

problems he has endured have impacted on his ability to function and how professional assistance can be helpful to him; psychotherapy, focused on helping him understand and better cope with the traumas he has endured; supportive therapy to help address the instability described above; and pharmacotherapy for the treatment of his depression.

Of course, this mix of mental health services is not available in prison; and actually, given Mr. Blair's psychiatric and neuropsychiatric difficulties and resultant vulnerabilities, prison is likely to be more harmful to him than helpful to him or to society; and therefore, the more quickly he could have access to such services in the community the better. It should be noted here that the failure of Mr. Blair's family to address his special needs was not due to a lack of desire to help him; instead, it was due to the fact that they never received professional assistance to deal with their grief and guilt over his mother's death, and never received the psychoeducation they required to learn how best to help him; and so with appropriate help for them, they will not only be willing but able to offer support and actual assistance to Mr. Blair once he is returned to the community.

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